



QUARTERLY REPORT

Project Name: Preventing the spread of EVD in Liberia through Community Engagement and

Surveillance

Country: Liberia

Agreement Number: AID-OFDA-G-15-00016

Reporting Period: April – June 2015

OVERVIEW

Approximately 14 months after the Ebola virus entered Liberia and took the lives of more than 3,151 people, on May 9, 2015 the country was declared free of Ebola virus disease (EVD) transmission by the World Health Organization (WHO). Humanitarian organizations and the Government of Liberia launched a rigorous 3-month period of heightened surveillance to ensure capacity strengthening and response preparedness prevented a re-emergence of the disease. However, on June 29, 2015 WHO reported that a new case had re-emerged in Margibi County, Central Liberia where a 17-year-old boy who had died on June 28, 2015 was tested positive for EVD.

The re-emergence of an EVD case in Liberia remains a risk to all locations including those that did not report any cases during the height of the outbreak in 2014. To ensure that communities were well informed, CARE engaged communities through local networks and leadership structures to influence the will of the people to participate in the Ebola response process. CARE coordinated with county and district health teams and the already well-trained 600 local leaders (female: 157, male: 443) to create buy-in and to support the behavior change exercises. During the period of April to June 2015, the local leaders facilitated the effort of the previously trained 300 Community Health Workers (CHWs) (female: 56, male: 244) using the logistical provision and knowledge provided by CARE to reach more than 114,870 community dwellers (female: 65,939, male: 48,931) with social mobilization and community health education in an effort to prevent any re-emergence of the disease in the five counties of Grand Gedeh, River Gee, Grand Kru, Maryland and Sinoe.

SECTOR 1 NAME: HEALTH

Objective: To contain the spread of EVD through community health education and surveillance

Subsector 1 Name: Community Health Education/ Behavior Change

Summary Description of Activities undertaken from April to June 2015

In early April 2015, CARE met with the District Health and local Ministry of Education teams in the five counties of Grand Gedeh, Grand Kru, River Gee, Maryland and Sinoe and agreed to





include the school administrations and student bodies in the ongoing awareness and good hygiene practices led by CARE. This was in consideration that knowledge gained will help stop the spread of the disease at not only the school or at home but within all communities. CARE is supporting the schools with the establishment of school health clubs.

CARE staff (5 County Coordinators and 10 Social Mobilization Officers) along with 300 CHW's (female: 56, male: 244), with support from the six hundred local leaders (female: 157, male: 443) who were previously trained by CARE in early 2015, led household health education, hygiene, and behavior change practices using the Social and Behavior Change Communication (SBCC) approach approved by the Ministry of Health & Social Welfare of Liberia. The 300 CHWs were engaged in holding 128 focus groups and training sessions on EVD prevention and hygiene education, reaching 114,870 people (female: 65,939, male: 48,931) of the targeted 118,724 people (29.71% of the overall project targeted beneficiaries of 399,646) in 228 communities from May to June 2015. Table I below gives a summary of training sessions (awareness, door-to-door) by gender disaggregation of persons reached with Social Mobilization and Behavior Change Messages.

Table I - People Reached with Social Mobilization and Behavior Change Messages

Theme	Indicator	By Location/Counties Total					
		Grand Gedeh	Maryland	Grand Kru	River Gee	Sinoe	
Social mobilization	# of awareness or training sessions held # persons reached/trained, by gender:	23	24	24_	21	36	128
modifization	Male	22,401	18,820	3,252	3,593	865	48931
	Female	28,588	23,705	6,530	5,865	1,251	65939
	# persons reached with social mobilization	50,989	42,525	9,782	9,458	2,116	114,870

CHALLENGES FACED

The following challenges were faced during the house-to-house community awareness exercises:

- During the holding of 128 EVD and general disease awareness and prevention sessions in the
 five counties, District Health Officials, local leaders and residents expressed concerns about
 CARE not providing the basic hygiene kits, such as soap, to demonstrate household tidiness
 and hand washing exercises widely recommended by the Ministry of Health and practiced
 nationally as early prevention measures.
- Delayed arrival of the procured 6 vehicles, 10 motorbikes, and 900 bicycles to facilitate the logistics of CHWs, community leaders and County and District Health (CHO/DHOs) teams to deliver door-to-door awareness and behavior change messages affected the number of





households reached for the reporting period by 3% (April to June target: 118,724, achieved: 114,870 and not achieved: 3,854 or 3%). This situation resulted in overspending on vehicle hire in all five targeted counties.

 Inaccessible communities due to limited or poor road networks and poor weather conditions delayed CARE staff and CHWs in reaching households with door-to-door social mobilization and behavior change messages.

MONITORING TRACKING TABLE

Award level and sector level beneficiaries reached this quarter:

AWARD LEVEL (does not include repeat beneficiaries)	Total number of beneficiaries	Beneficiaries
Cumulative Period Targeted	399,646	399,646
Reporting Period Reached	114,870	114,870
Cumulative Reached	216,344	216,344

SECTOR: HEALTH	Total number of beneficiaries	Beneficiaries
Cumulative Period Targeted	118,724	118,724
Reporting Period Reached	114,870	114,870
Cumulative Reached	114,870	114,870

Indicator	Target	Q2	Q3	Cumulative	% of target met	Comments
Sector Name	e: Health					
Subsector N	ame: Comm	unity Hea	lth			
Indicator 1	Total:	1091	Total:	1091		CARE continues to
Number of CHWs trained and supported (total and per population within project	900 Male: 540 Female: 360	Male: 825 Female: 266	0	Male: 825 Female: 266		utilize the skills and capacity of the 600 local leaders and 300 CHWs trained during the first period (December 2014 – March 2015) of the intervention to meet





area), by sex						the remaining targeted beneficiaries with behavior change messages. In July CARE will conduct refresher training for CHWs and community leaders (teachers, students, and etc.)
Indicator 2 Number and percentage of CHWs specifically engaged in public health surveillance	300	300 Male: 244 Female: 56	Total: 300 Male: 244 Female: 56	300	100%	All 300 CHWs (100% targeted) are still engaged in public health observation and surveillance reporting.
Indicator 3 Number and percentage of community members utilizing target health education message practices	719,361 (90% of total population of 799,290)		Total: 91,896 Male: 18,384 Female: 73,512	91,896	12.77%	1) The overall population of the five targeted counties is 799,290, 2) CARE is targeting 50% of 799,290 which is 399,646, 3) From April - June 2015, CARE reached 28.74% (114870: Female 65,939, and male 48,931) of the target population of 399,646 and 4) CARE observed 80% (91,896: Female 73,512 and male 18,384) of 114,870 population reached to be utilizing health education messages.





			However, the 91,896
			population observed
			to be utilizing health
			education constitutes
			12.77% of 719,361
			(which is 90% of
			799,290) population
			of the five counties.

MAIN ACTIVITIES FOR NEXT QUARTER

CARE will undertake the following activities and arrangements:

- 1. As a result of possible EVD re-emergence, CARE will conduct refresher training on EVD prevention and good hygiene practices for CHWs and community representatives (including teachers and students) geared towards strengthening their capacity to quickly respond accordingly.
- 2. Reach the remaining target population of at least 183,302 people (or 36,660 HHs) over the next two-month period (July to August, 2015)
- 3. Discuss with the donor asset disposition as the project comes to an end on August 31, 2015.
- 4. Continue to air new EVD prevention and recovery messages and use such messages for door-to-door messaging amid the re-emergence of EVD in some parts of the country.

PICTURES

CHWs hold house-to-house sessions on EVD awareness and prevention in Grand Kru County.



Focus group discussions included:

- ✓ Signs and symptoms of EVD
- ✓ Call health focal person at 4455 (or county number)
- ✓ Protect oneself, family and community
- ✓ Avoid body contact





- ✓ Avoid traditional burial and get use to safe handling of dead bodies
- ✓ Avoid having unsafe sex and stick to one partner.
- ✓ Avoid too much of hand shakes
- ✓ Avoid the exchange or sharing of eating spoon, drinking cup etc.
- ✓ Continuation of constant hand

ANNEX 1: IEC MATERIALS, BANNERS & POSTERS

Signboard Posting with CARE and USAID logos

Below is a sample of signboards printed and placed at each district of the five counties of CARE's operations in Liberia's southeastern region.





Signboard Placement:

CARE printed and placed signboards at the entarances of each of the 60





districts in the five counties of Grand Gedeh, Grand Kru, River Gee, Maryland and Sinoe.

ANNEX 2: SUCCESS STORY

Non-EVD Believer Turns CHW for CARE – Bernice Tells Her story



Bernice (Left), two daughters (center) & her son (right)

Bernice is a resident of Feloken Town, Barrobo District, Maryland County. She is a mother of three children; two daughters and one son, aged 17, 18, and 22 respectively. Bernice is a single parent who lost her husband in mid December 2012 while in search of food.

Bernice's 22-year old son became a great support to his family by hunting bush meat of which he sold and took some home for the family meal. Hunting bush meat is a way of life in Barrobo District.

Speaking to CARE's CHWs during a focus group discussion on the danger of eating bush meat, Bernice admitted that prior to becoming one of the community volunteers with CARE, she felt downtrodden and frustrated when CARE entered their community and conducted awareness on EVD explaining why people should avoid eating bush meat. She had complained that CARE did not provide any food as a

replacement for bush meat. "When CARE entered Feloken Town, I and my daughters were among those who refused to accept that killing and eating affected bush meat was one of the ways that EVD can spread."

She added, "My great grandparents and my parents killed and ate bush meat and yet they lived longer so why at this time must I starve to death by not eating bush meat. It was the only means of survival for me and my family so why should we stop?" Bernice queried.

"At times, whenever I walked the streets and saw the health messages being posted by CARE, I felt offended and tore them off the walls. But the training provided by CARE helped me and my children understand the danger of eating bush meat at a time when EVD had claimed so many lives in our country," Bernice admitted.

In February 2015 Bernice was recommended to CARE by the community leaders and was amongst 300 CHWs trained by CARE and District Health Officials in community awareness, behavior change exercises and surveillance reporting. She has proven to be very instrumental in using her experience as an example to inform others about EVD and how to avoid behaviors that can spread the disease.